, , (COST REIMBU	RSABLE								_
7. S	(Department, bureau, or establishment)						PAID BY			
oucher prep	ared at		(Give place and d				. ~			
		n	(Give place and d	ate) 1055			SAPC 69174			
HE UNITED S	STATES, Dr.,	Payee's Account No. 1055						COPY OF 3		
, O				.,			. , _			
			(Payee)							
	(Ado	iress)	(City)	(Sta	ate)		_			
12			ARTICLES OR SERV	ICES tract or Federal sur	aupply		UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	schedule, and ot Discount Terms	and other information d	eemed necessary)	,	QUANTITY	Cost	Per	Dollars	Cts.
		DADOGRAFIA A CALLES	2							_
		Costs		•		.			8,377	68
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YMENT:				•			v .			
Complete 🗌							•			
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Final		U	se continuation sheet(s) if	necessary		<u> </u>		Total	\$ 8,377	68
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certify that the		t and just and that	payment has not been re	ceived.	(Paye	ces		space)		_
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Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090014-4 **STATINTL** Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090014-4